

Disinfectants and Disinfection Byproducts Rule						Chlorine or Chloramines Residual (all systems)																							
System Type - SW and GUI > 10,000, or <10000 systems taking additional tests						*Note: Same location and frequency as TCR.																							
System Name:						Month	# samples	Avg. Total Cl ₂	Quarterly Avg.																				
PWSID#:						January																							
Reporting period:						February																							
		March																											
				April																									
				May																									
				June																									
Signature: _____		Date: _____		July																									
				August																									
				September																									
Disinfection Byproduct Precursor Removals (Conventional Filtration)						October																							
TOC Removal Requirement Table (f) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td colspan="3">Source Water Alkalinity</td> </tr> <tr> <td>Source TOC</td> <td>0-60 mg/l</td> <td>60-120mg/l</td> <td>>120 mg/l</td> </tr> <tr> <td>>2-4.0 mg/l</td> <td>35%</td> <td>25%</td> <td>15%</td> </tr> <tr> <td>>4.0-8.0 mg/l</td> <td>45%</td> <td>35%</td> <td>25%</td> </tr> <tr> <td>>8 mg/l</td> <td>50%</td> <td>40%</td> <td>30%</td> </tr> </table>							Source Water Alkalinity			Source TOC	0-60 mg/l	60-120mg/l	>120 mg/l	>2-4.0 mg/l	35%	25%	15%	>4.0-8.0 mg/l	45%	35%	25%	>8 mg/l	50%	40%	30%	November			
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>8 mg/l	50%	40%	30%																										
December			Avg Of Quarterly Avgs: _____ MRDL: 4 mg/L																										
Was MRDL exceeded?				<input type="checkbox"/> No	<input type="checkbox"/> Yes																								

Month	Sample Set Date	(b) Finished TOC mg/l	(c) Source TOC mg/l	(d) % removal (1-b/c)*100	Source Water Alkalinity (mg/l)	(f) Req. TOC Removal %	TOC Ratio Monthly d/f	Quarterly Average Ratio	
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Finished TOC average:									
Type of monitoring:		<input type="checkbox"/> Reduced		<input type="checkbox"/> Routine					
Were Removal Requirements attained?		<input type="checkbox"/> No		<input type="checkbox"/> Yes		Avg. of Qtrly Avg Ratios:			(must be >1.00)

Total Trihalomethane Monitoring TTHM (all systems)									
Location->									Qtr. Running Average
	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	
1st Qtr									
2nd Qtr									
3rd Qtr									
4th Qtr									
Loc. Run Avg:				Loc. Run Avg:				(MCL: 80 ppb)	
Type of TTHM Monitoring:	<input type="checkbox"/> Routine		<input type="checkbox"/> Reduced		Was MCL Exceeded?:		<input type="checkbox"/> No <input type="checkbox"/> Yes		Ann Run Avg:

Haloacetic Acid Monitoring HAA5 (all systems)									
Location->									Qtr. Running Average
	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	
1st Qtr									
2nd Qtr									
3rd Qtr									
4th Qtr									
Loc. Run Avg:				Loc. Run Avg:				(MCL: 60 ppb)	
Type of HAA5 Monitoring:	<input type="checkbox"/> Routine		<input type="checkbox"/> Reduced		Was MCL Exceeded?:		<input type="checkbox"/> No <input type="checkbox"/> Yes		Ann Run Avg:

Bromate (Ozone Systems)									
Bromide Running Annual Average								Type of Bromate Monitoring:	
Month	ppb	Month	ppb	Month	ppb	Month	ppb	<input type="checkbox"/> Routine	<input type="checkbox"/> Reduced
January		April		July		October		Was Bromate MCL Exceeded?:	
February		May		August		November			
March		June		September		December			
								Ann. Avg:	